Department of Labor and Industries Employment Standards Program Farm Labor Contracting Section PO Box 44511 Olympia WA 98504-4511

Phone (360) 902-5315 Fax (360) 902-5300 www.lni.wa.gov/scs



DEPARTMENT OF REVENUE TAX COMPLIANCE CERTIFICATION

for Registered Farm Labor Contractors

Business Name:	Employer Identification Number (EIN):
DBA (Doing Business As), if applicable:	Type of Business: [Mark one box and list Social Security Number or Tax ID Number]
Address: [List Street/PO Box, City, Zip Code]	_
	Sole Proprietor
	Partnership
	Other (Specify)
Master Business License Unified Business Identifier Number	
(UBI):	
	Daytime Telephone Number:
Contact Name and Title:	()
Name Title	Fax Number:
U. S. DEPARTMENT OF LABOR (USDOL) information [Ma	k one box and enter information, if applicable
Are you required to have a federal Farm Labor Contractor License	? No 📙 Yes 📙
If "Yes", what is the number?:	Expiration Date:
For Official Use Only	
Do Not Write Below This Line	
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[This section to be complet	ed in full by DOR staff only.]
[This section to be completed DEPARTMENT OF REVENUE (DOR) CERTIFICATION (CERTIFICATION CERTIFICATION	
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